

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

DISCLOSURE OF ADDITIONAL REGISTRY INFORMATION

1. Full name of nursing assistant
2. Information to identify each individual, including date of birth
3. Previous three places of employment (as a CNA)
4. Advanced training completed (medication aide, home health aide, psychiatric aide)
5. Date individual passed competency evaluation program or was deemed eligible
6. Information relating to findings of abuse, neglect or misappropriation of property
 - a. Documentation of investigation
 - b. Date of hearing, if any, and its outcome
 - c. Individual's statement refuting allegation.

MAY 30 1992
DIV OF HEALTH
HCFA-REGISTRY XTN No. 92-8
Supersedes
TN No. Approval Date 5-14-92Effective Date 1-1-92

HCFA ID: